

**DEPARTMENT OF HUMAN SERVICES  
State of South Dakota**

**Board of Counselor Examiners**

PO Box 1822  
Sioux Falls, SD 57101-1822  
(605) 331-2927

TO: Sponsoring Agencies Requesting Credit Hour Approval  
FROM: Joyce M. Vos, Executive Secretary  
SUBJECT: Continuing Education Program Approval Form

This memo is to inform you of the continuing education approval form for the South Dakota Board of Counselor Examiners. This is the form that must be completed in applying for credit hours for professional counselors.

This form must be submitted at least 30 days prior to the date of your program. The Board will make no exceptions to this rule. You must submit all the information that is requested on the form or your program will not be approved. Only the sponsor of the program can apply for credit hour approval.

You will be notified of the approval or disapproval of the program for credit hours.

Once the program is approved, **you must send each attendee a certificate of attendance with the approval number and the credit hours granted**. You must keep an attendance record for each participant and only give as many hours as they actually attended on the certificate of attendance. If the certificate of attendance does not clearly show the approval number and hours that are granted to that participant, the Board of Counselor Examiners has the option of not approving future education programs from the sponsoring organization.

This approval form is effective as of October 1, 1999.

You may duplicate this form as needed for applying for credit hour approval.

In the State of South Dakota, the licensed counselor needs 40 approved clock hours per 2-year compliance period.

If you have any questions, feel free to contact our office.

**SPONSOR APPLICATION FOR *PRE-APPROVAL* OF  
CONTINUING EDUCATION CREDIT {ARSD 20:68:07:10}**

**SD Board of Counselor Examiners**

ONLY A SPONSORING ORGANIZATION/AGENCY WHICH DESIRES PRIOR APPROVAL OF A CONTINUING EDUCATION PROGRAM OF ANY NATURE SHALL APPLY TO THE BOARD AT LEAST 30 DAYS BEFORE THE PROGRAM IS PRESENTED AND **INCLUDE A NON-REFUNDABLE \$25 FEE** MADE PAYABLE TO SDBCE.

THE BOARD SHALL NOTIFY THE APPLICANT IN WRITING OF IT'S DECISION WITHIN 30 DAYS AFTER BOARD CONSIDERATION OF THE PROGRAM.

NAME OF ORGANIZATION OR AGENCY SPONSORING THE PROGRAM:

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DATE(S) OF PROGRAM:\_\_\_\_\_ CE HOURS REQUESTED:\_\_\_\_\_

**Include printed program/brochure with complete schedule and topics offered.**

TITLE OF PROGRAM:\_\_\_\_\_

NAMES AND QUALIFICATIONS OF SPEAKER(S): (if enclosing speaker bios, they must be brief and pertinent to program.)

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DESCRIBE HOW THE PROGRAM IS RELATED TO PROFESSIONAL COUNSELING AND/OR MARRIAGE AND FAMILY THERAPY WITH AN EMPHASIS UPON SYSTEMIC APPROACHES OR THE THEORY, RESEARCH, OR PRACTICE OF PSYCHOTHERAPEUTIC WORK WITH INDIVIDUALS, COUPLES OR FAMILIES:

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STATE THE OBJECTIVES OF THE PROGRAM AND THE KNOWLEDGE THE PARTICIPANTS WILL GAIN UPON COMPLETION OF THE PROGRAM:

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DESCRIBE THE METHODOLOGY OF THE PROGRAM WHICH WILL ALLOW THE PARTICIPANTS TO MEET THE OBJECTIVES:

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DESCRIBE THE METHOD TO BE USED BY THE PARTICIPANTS TO EVALUATE THE PROGRAM:

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SPONSORING  
ORGANIZATION: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Sponsor Signature

PLEASE ATTACH ANY BRIEF DOCUMENTS, PROGRAM/BROCHURES, OR SYLLABI, PERTAINING TO THIS ACTIVITY AND RETURN THIS FORM TO:

**SD BOARD OF COUNSELOR EXAMINERS  
PO BOX 1822  
SIOUX FALLS, SD 57101-1822  
(605/331-2927)**